

North Carolina Department of Agriculture & Consumer Services

Steven W. Troxler, Commissioner
Food & Drug Protection Division
Daniel L. Ragan, Director

**Prescription Drug License
2009 Renewal Application
NCGS 106-145 – Wholesale Drug Distributor
Licensing Act of 1991**

Please review the current registration information below. If any changes are needed, mark through the incorrect data and type or print the correct data to the right. Sign and return this renewal form, along with the \$350 (Distributor) or \$500 (Manufacturer or Repackager) fee by check or money order to:

North Carolina Department of Agriculture & Consumer Services
Food & Drug Protection Division
1070 Mail Service Center
Raleigh, NC 27699-1070

Telephone: 919-733-7366
Fax: 919-733-6801
Email: dan.ragan@ncagr.gov
or sharon.fields@ncagr.gov

License Type:
License Number:
Business Name:
Address:
City:
State:
Zip Code:
Telephone:
Applicant Name:
State of Incorporation:
Email: _____

*Renewal notification in October based on e-mail address submitted on application; please notify us if this changes.

Note any changes in ownership, partners, corporate officers or directors that have occurred since your last application was submitted.

Date_____ Applicant's Signature_____

Check () and return if no renewal is planned

Answer the following: (a) on behalf of the owner if the applicant is a sole proprietorship, (b) on behalf of each partner if applicant is a partnership, or (c) on behalf of the corporation if the applicant is a corporation, and on behalf of each officer and director of such corporation.

- | | *YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| (a) Has the applicant ever been convicted under any federal, state or local law relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? | _____ | _____ |
| (b) Has the applicant ever been convicted of any felony under federal, state, or local laws? | _____ | _____ |
| (c) Has the applicant previously given any false or fraudulent information on an application made in connection with drug manufacturing or distribution? | _____ | _____ |
| (d) Has drug registration or license under any local, state, or federal law ever been suspended or revoked? | _____ | _____ |
| (e) Has drug registration or license under any state law or the Federal Food, Drug and Cosmetic Act ever been denied? | _____ | _____ |

Describe your past experience in the manufacture or distribution of controlled substances and other prescription drugs.

What education, training, experience, or combination of these are required of employees to assure assigned functions are performed in a manner that ensures that prescription drug quality, safety, and security will be maintained at all times as required by law?

I, the undersigned, do hereby certify that all the information contained in this application is complete, true, and correct. In addition, I agree that the business will be operated in compliance with all applicable laws and regulations.

Date _____

Applicant Name _____
Owner, Partner, or Officer of Corporation

Title _____

Applicant Signature _____

*Please attach detailed explanation for any "YES" answers.

License expires December 31st of each year

Changes in information supplied in this application must be submitted within 90 days.